

United States District Court

For the Eastern District of Pennsylvania

Zumar D-Bose 204-72-509

F.D.C. Philadelphia

P.O. Box 562

Philadelphia, PA 19105

- (1) Zumar D-Bose : Civil Action  
(2) ETAL :  
V. :  
(1) Federal Bureau of Prisons : # \_\_\_\_\_

\* Federal Question Complaint \*

(Jurisdiction)

28 U.S.C. 1331, 28 U.S.C. 1332, 28 U.S.C. 2201,  
28 U.S.C. 2202, 42 U.S.C. 20008d, 42 U.S.C. 1997e(a)  
28 U.S.C. 1915(b) imminent danger analysis.

(Relief)

- (1) Declaratory damage Relief  
(2) actual, punitive, nominal, compensatory, presumptive,  
and pecuniary damages in the amount of  
\$ 100,000,000.00.

## Jurisdiction

42 U.S.C. 1997e(a)

I have exhausted the BOP Administrative  
Remedy forms by submitting the forms  
to the proper authority. (See Attachment A attached)

I have not got any Response as of today.  
6-25-24.

Also,  
No remedy could remedy the injuries - only  
money.

28 U.S.C. 1915(g) imminent danger

(I). 28 U.S.C 1915(g) imminent danger

I, Zumar DuBose, swear, attest, affirm, depose, certify, and declare under penalty of perjury that the statements made by me are true and made with my own personal knowledge of the facts which are stated as followed:

- (1). I am 35 years of age incarcerated at the FBOP F.D.C. Philadelphia Jail.
- (2). I wish to proceed in this federal Quotient Complaint without the prepayment of the court filing fee.
- (3). I am in imminent danger of serious physical harm because:
  - (a). The FBOP F.D.C. Philadelphia employees force me to breath The marijuana smoke, K2 synthetic smoke, PCP smoke, and Paper & tobacco smoke thru the cell ventilation causing me to be intoxicated, have watery eyes, mucus in my lungs, coughing, headaches, to hallucinate, and more starting January 2022 and still today 6-25-24.

(b). The FBOP F.D.C. Philadelphia employees force me to eat food that has mice feces in it, Roaches in it, and force me to have mice in my shoes, clothing, and ~~have~~ Roaches crawling ~~and~~ <sup>on</sup> my body when I sleep and bite me waking me up between 10 pm - 6 am causing me itchy skin, sleeplessness, stress, stomach problems, headaches. 6-22-24 it happened also but starting 2021 and still ongoing.

(c). The FBOP F.D.C. Philadelphia employees force me to ~~lose~~ lose sleep by double celling me with another inmate who talks to himself between the hours of 10 pm thru 6 am keeping me awake, who bangs on the metal bed frame in the middle of the 1 am hours waking me up out my sleep, who urinates on the floor, who leaves puddles of water on the floor, who leaves trash in piles on the floor where I can't walk accessibly, who turn on the light in the 3 am hours waking me up out my sleep, who kills roaches in the 2 am hours with a slipper banger on the roach body causing me to wake up.



(d). The FBOP ~~At~~ F.D.C. Philadelphia employer forced me on an unlawful diet that is not nutritionally adequate to sustain good health because the diet provided to me has placed me in a compromised dietary condition specifically because the diet given to me starting 2021 and still on going 6-25-24 does not provide the necessary nutrients, proteins, and vitamins for my specific body weight, body height, body age, body gender, and my body levels of activity to keep energy, mass or weight, and muscles and it is causing me to get sick. The diet does not accommodate for my high cholesterol or my pre-diabetic stage illness. No dietitian or doctor placed me on the diet the FBOP F.D.C. Philadelphia has placed me on.

Also, on June 22, 2024 my dinner tray was missing 2 hot dogs, the black beans were not properly cook for eating or digestion so I could not eat it. No condiment were given to me. The Breakfast Bananas and Lunch Bananas were Rotten and spoiled when given to me. No replacement tray was given to me.

On June 23, 2024 my lunch tray was missing 2 Boiled eggs and table syrup. No fruit or snack was provided. No replacement or accommodation was provided to me.

On Jun 24 and 25, 2024 the banana for breakfast was rotten and spoiled when given to me. No replacement was provided to me.


The Master Menu breakfast of cake and milk placed me in a compromised dietary condition because my high cholesterol and prediabetes are at risk. No diet tray has been ordered by the doctor but I request the Vegan diet and drink.

The portions on the trays provided to me are less amounts than the Master food menu alleges and expects to provide.

Zuma D. Bar 

Date: 6-25-24

(e). The FBOP F.D.C. Philadelphia employees  
denied me a right to several rooms to  
treat my mental disease. Causes me to get more  
sick mentally.

Zuma D-Bor  Date: 6-25-24

## Federal Question

- (1) Does Restricting Zumar DuBose to a cell located in general population without notice, sanction, reason, or any Legal justification violate my 8<sup>th</sup>, 5<sup>th</sup> Amendment & 14<sup>th</sup> Amendment U.S. Constitution right; depriving me of all FBOP programs offered to inmates?
- (2) Does the FBOP F.D.C. Philadelphia employees deny Zumar DuBose of a right to be free from Cruel and unusual punishment by depriving Zumar DuBose of sleep by providing ~~the~~ me with an extremely damaged piece of cotton that is 5 feet tall and only a half inch thin with out any protective covering that caused me back pain so severe it kept me <sup>awake</sup> ~~up~~ in the hours of 11pm thru 6am starting December 2021 until 2023 when employees provided new structural mattresses? And medicine?
- (3) Does the imminent danger reason included in this Federal question constitute a Cruel and unusual punishment per the Eighth Amendment U. S. Constitution?

Zm. Dubrov                      Date: 1-25-24

## Federal Questions

(1). Does Confining inmates to a General population cell



Attachment A



REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: DeBose, Zuma 204-72-509 4N F.D.C. Phila  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

F.B.O.P F.D.C. Philadelphia employees forced me restricted to cell 425 on the 4N housing unit without notice, sanction, reason, or any legal justification denying me the my legal right to all F.B.O.P F.D.C. Philadelphia programs offered to inmate and my due process rights, causing me to mentally suffer. Over 100 different times

4-29-23

DATE

Zuma DeBose

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)





REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: DeRose Zumar 204-72-507 4N F.D.L. Phila  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

F.D.L. Phila denying me a right to seroquel long  
medication to treat my mental defects without reason or justification.  
Causing mental punishment and disease to worsen.

4-25-23

DATE

Zumar p. Rose X

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)





## REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: DuBose Zumar 204-72-509 411 F.D.C. Phila  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

## Part A- INMATE REQUEST

mice in my food, crawling on my body. Rashes in my food crawling on my body biting me. Smoke coming out of vent, THC smoke, PCP smoke, K2 synthetic smoke, paper smoke causing me to get intoxicated, watery eyes, mucus in my lungs, headaches, coughing alot, hallucinations, keeping me awake between 10 pm - 6 am. Mold on the ceiling of the showers causing me headaches when I take a shower. Employees do not sanitize or clean the cells or showers causing me to get fungus on my body & feet. Starting December 2021 - still ongoing  
2-16-2022

DATE

SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)





REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: DuBois Zuma 204-72-509 4N F.D.C. Phila  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

F.D.C. Philadelphia employees did not provide me a diet that is nutritionally adequate to sustain good health because the F.B.P. F.D.C. Philadelphia employees feed me a diet that I am unaware of and does not sufficiently apply to my age, weight, height, gender, and level of my activities. Also, the food provided to me is less portioned than the Master Food menu provides.

December 29, 2021

DATE

Zuma DuBois

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)





REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: DuBoise, Zuhir 204-72-509 4N F.D.L. Phila.  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

F.D.C. Philadelphia employer forced me to a cell in the population housing unit with a cellmate (2 inmate cell) that keeps me awake in the hours of 10 pm through 6 am by talking to himself, making drum sounds on the metal bed rack, smoking THE marijuana, low K2 smoker making me get a second weed high. Also forced me to sleep on an extremely damaged cotton the size of 5 ft tall and 1/2 inch thin without any protective covering starting December 2021 through 2023. Cause me pain and loss of sleep.

4-24-23

Zuhir DuBoise X

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: D. B. Zuman 204-72-509 YN F.D.C. Phila  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

F.D.C. Phila employee has provided me with a food tray missing the chicken on Thursday. The fish was burned on Friday. The bananas were rotten and spoiled for breakfast and lunch on Thursday. This has been a weekly thing. The rice comes to hard to eat. The beans come to uncooked and hard to eat. The apples are rotten. No condiment come with my tray. I am hungry getting headaches and feel weak.

1-14-22

DATE

Zuman D. B. Z

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)





JS 44 (Rev. 04-21)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b> <u>Zumar DUBose 204-72-504</u>	<b>DEFENDANTS</b> <u>Federal Bureau of Prisons</u>
<b>(b) County of Residence of First Listed Plaintiff</b> <small>(RECEIPT IN U.S. PLAINTIFF CASES)</small> <u>P.O. Box 562</u>	<b>County of Residence of First Listed Defendant</b> <small>(IN U.S. PLAINTIFF CASES ONLY)</small> NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED. <b>Attorneys (If Known)</b> <u>700 Arch St</u> <u>Philadelphia, PA 19105</u>

<b>II. BASIS OF JURISDICTION</b> <small>(Place an "X" in One Box Only)</small>	<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> <small>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</small>																
<input type="checkbox"/> 1. U.S. Government Plaintiff <input type="checkbox"/> 2. U.S. Government Defendant <input checked="" type="checkbox"/> 3. Federal Question <small>(U.S. Government Not a Party)</small> <input type="checkbox"/> 4. Diversity <small>(Indicate Citizenship of Parties in Item III)</small>	<table style="width: 100%;"> <tr> <th style="text-align: left;">Plf</th> <th style="text-align: left;">Def</th> <th style="text-align: left;">Plf</th> <th style="text-align: left;">Def</th> </tr> <tr> <td>Citizen of This State</td> <td><input checked="" type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business in This State</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business in Another State</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> </tr> </table>	Plf	Def	Plf	Def	Citizen of This State	<input checked="" type="checkbox"/> 1	Incorporated or Principal Place of Business in This State	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6
Plf	Def	Plf	Def														
Citizen of This State	<input checked="" type="checkbox"/> 1	Incorporated or Principal Place of Business in This State	<input type="checkbox"/> 4														
Citizen of Another State	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5														
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6														

IV. NATURE OF SUIT <small>(Place an "X" in One Box Only)</small>					Click here for: <a href="#">Nature of Suit Code Descriptions</a>
<b>CONTRACT</b> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 160 Mediate Act <input type="checkbox"/> 182 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 183 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 190 Stockholders' Suits <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care: Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<b>FORFEITURE/PENALTY</b> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<b>BANKRUPTCY</b> <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>INTELLECTUAL PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395H) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<b>OTHER STATUTES</b> <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 (qui Tam) 28 USC 1372(a) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 115 USC 1661 or 1692 <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable Sat. TV <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

<b>V. ORIGIN</b> <small>(Place an "X" in One Box Only)</small>							
<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify)	<input type="checkbox"/> 6 Multidistrict Litigation - Transfer	<input type="checkbox"/> 8 Multidistrict Litigation - Direct File	

<b>VI. CAUSE OF ACTION</b>	Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <u>28 USC 1331, 1332</u> Brief description of cause: <u>Federal Question</u>
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<b>VII. REQUESTED IN COMPLAINT:</b>	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.C.P. <u>100,000,000.00</u>	DEMAND \$ CHECK YES only if demanded in complaint. JURY DEMAND: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>VIII. RELATED CASE(S) IF ANY</b> <small>(See instructions)</small>	JUDGE <u>Bret H. Johnson</u>	DOCKET NUMBER <u>20-CR-453 (LDR)</u>
---	------------------------------	--------------------------------------

DATE <u>6-25-24</u>	SIGNATURE OF ATTORNEY OF RECORD <u>Zumar DUBose</u>
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RECEIPT #	AMOUNT	APPLYING IFP	JUDGE	MAG. JUDGE
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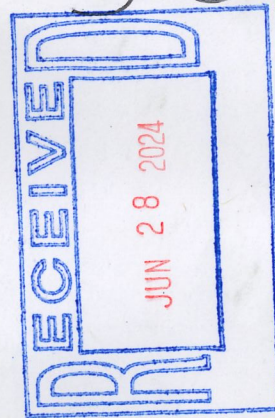
END PAGE

Zumar Dubois 204-72-504

F.D.C. Philadelphia

P.O. Box 562

Philadelphia PA 19101



U.S. Court Clerk  
601 Market St

Philadelphia, PA 19101

Legal  
mail



425

9/10

U.S. MAIL  
X-RAY

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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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P.O. BOX 572  
PHILA., PA 19105

DATE: 6-26-24

THE ENCLOSED LETTER WAS PROCESSED THROUGH  
SPECIAL MAILING PROCEDURES FOR FORWARDING TO  
YOU. THE LETTER HAS BEEN NEITHER OPENED NOR  
INDEXED. IF THE WRITER RAISES A QUESTION OR  
PROBLEM OVER WHICH THIS FACILITY HAS JURIS-  
DICTION, YOU MAY WISH TO RETURN THE MATERIAL  
FOR FURTHER INFORMATION OR CLARIFICATION. IF  
THE WRITER ENCLOSES CORRESPONDENCE FOR  
FORWARDING TO ANOTHER ADDRESSEE, PLEASE  
RETURN THE ENCLOSURE TO THE ABOVE ADDRESS.